

State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
USED CAR LEMON LAW UNIT
P.O. BOX 45039
NEWARK, NEW JERSEY 07101
(973) 504-6597
(800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Used Car Lemon Law Unit may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

	OMPLAINT REPORTED BY: COMPLAINT REPORTED AGAINST:				
	Name:	Business:			
	Address:	Address:			
	City:	City:			
	State: ZIP:	State:	ZIP:		
	Home Telephone Number:	Telephone Number (1):			
	Work Telephone Number:	Telephone Number (2):			
	E-Mail Address:				
1.	Vehicle Information				
	Make Model		Year		
	Date of Purchase Purchase Price	·			
2.	a. Is your vehicle normally used for personal, family or houselb. Is your vehicle normally used for commercial purposes?	hold purposes?			
3.	Vehicle Identification Number (VIN)				
4.	Mileage, on date of purchase:	Mileage, at present:			
5.	Does the material defect substantially impair the use, value or safety of the vehicle? Yes No				
6.	Were you advised, in writing, at or prior to the time of purchase company? \Box Yes \Box No	that the vehicle was declared a total	l loss by an insurance		
7.	 a. If the vehicle's mileage was more than 60,000 at the time of purchase, did you waive the warranty? ☐ Yes ☐ No b. Did you sign a waiver form? ☐ Yes ☐ No If "Yes," please provide a copy of the waiver. 				
8.	a. Did the dealer provide you with a written, limited warranty?b. If "Yes," what is the duration of the warranty?If "Yer," please provide a copy of the warranty.				
9.	Warranty Company:				
	Street Address: City:	State:	ZIP:		
	County	elenhone Number (include area cod	e)·		

11 a Did you notify the dealer of	a. Did you notify the dealer of the problem described in question #10? ☐ Yes ☐ No						
,							
b. If "Yes," on what date? _	W	hat was the mileage at that the	me?				
12. Were three (3) or more repair attempts made for the same problem? \square Yes \square No							
13. Do any of the alleged defects s	Do any of the alleged defects still exist?						
For each alleged defect:	For each alleged defect:						
Description of problem Date & Mileage of each repair attempt							
a.	D .	261	4 of A				
		Mileage Mileage	1 st Attempt 2 nd Attempt				
			2 Attempt				
b.	Date:	Mileage	1st Attempt				
		_	2 nd Attempt				
			3 rd Attempt				
c.							
		Mileage Mileage	1 st Attempt 2 nd Attempt				
			3 rd Attempt				
15. Dealer or its agent where the re	1						
	City:		ZIP:				
County:	•		ode):				
	vice for a total of 20 or more calendar						
1. From	to	n	number of days				
2. From	to	n	number of days				
3. From	to	n	number of days				
-	y anyone other than the dealer or its a						

18. Financial Information

If you purchased your vehicle without financing, complete section (a). If you purchased your vehicle with financing, complete section (b).

	a. Purchased without financing				
	Total purchase price \$	Trade in allowance \$			
	Registration, title and other government fees \$				
	Total amount paid (excluding sales tax) \$	Sales tax \$			
	b. Purchased with financing				
	Name of lienholder:				
	Street Address: City:		ZIP:		
	Account Number: T	elephone Number (include area code):			
	Total purchase price \$	Trade in allowance \$			
	Down payment (for that portion of the purchase price th	nat is financed) \$			
	Monthly payment (for that portion of the purchase price	e that is financed) \$			
	Total amount of monthly payments made to date (monthly payment X number of payments) \$				
	Registration, title and other government fees \$				
	Total amount paid (excluding sales tax) \$	Sales tax \$			
19.	Please indicate the Office of Administrative Law (OAL) loc ☐ Atlantic City ☐ Trenton	eation where you prefer your case to be heard (if ne Newark	ecessary):		
20.	Have you participated in any previous arbitration for the same problem(s) for which you are seeking relief? ☐ Yes ☐ No				
	a. If "Yes," what type of arbitration?b. Did you accept the decision?YesNo				
	•	, 1 1 2			
21.	If an attorney is going to represent you, please provide the following information:				
	Name:	Firm Name:			
	Street Address: City:				
	County:	Telephone Number (include area code):			
_					
	I certify that the dealer has not yet given me a refund, and that all statements made in the complaint are true to the best of me knowledge.				
	I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me ar willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.				
	Signature		Date		

If you have not already done so, please attach copies (do not send originals) of the following:

- Work orders of all three related defects from dealer
- · Clear copies of all relevant evidence of repair attempts
 - ° sales invoice
 - purchase order
 - finance contract (if financed)
 - vehicle registration
 - ° repair receipts